



## TOWN OF NEWTON, N.H.



### VOLUNTARY LOT MERGER FORM

*Please type or print legibly in black ink.*

*Applicant(s) must record form at the Rockingham County Registry of Deeds  
and are responsible for any recording fees(s).*

As provided for in RSA 674:39-a, the undersigned applicant requests that the Town of Newton, New Hampshire, hereby merge the following contiguous parcels of land for the purposes of land assessment and recognized for regulatory purposes as a single tract or parcel of land:

Name of record owner(s) (must be identical for all lots consolidated):

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Mailing address of owner(s):

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The following existing parcels are to be consolidated into a single parcel:

				Deed Reference	
<u>Map #</u>	<u>Lot #</u>	<u>Sub #</u>	<u>Street Address</u>	<u>Book</u>	<u>Page</u>
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*(Attach additional sheets if necessary)*

It is the condition of this application that each of the above parcels shall (a) not be subject to separate liens or mortgages, or (b) any such liens apply equally to all parcels merged. In addition, all real estate taxes on all parcels shall be current. By signing below, the owner(s) certifies as to the facts of either (a) or (b) above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Applicant

Date \_\_\_\_\_

Date \_\_\_\_\_

Parcel shall be known as: Map \_\_\_\_ Lot \_\_\_\_ Sub \_\_\_\_

Address: \_\_\_\_\_

*(To be completed by the Assessing Department)*

By signing below, the applicant agrees that (a) this request is subject to approval of the Planning Board to assure such merger does not create a violation of current zoning ordinance or subdivision regulations, (b) that upon approval, this agreement shall be recorded in the Rockingham County Registry of Deeds, and (c) subsequent to approval of this agreement, the owner(s) shall not separately convey or encumber any of the previously existing parcels. Any attempt to separately convey any parcel or part of a parcel submitted hereunder shall require subdivision approval from the Newton Planning Board.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Owner's signature(s): \_\_\_\_\_

Print name(s): \_\_\_\_\_

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*(For municipal use only)*

By signing below, the application has been reviewed by the Newton Planning Board and the lot merger shall not result in violation of the current zoning ordinance or subdivision regulations.

Date \_\_\_\_\_  
Planning Board Chairperson

This request has been reviewed by the Town Assessor, who has assigned the following tax map and lot number:

Map \_\_\_\_\_ Lot \_\_\_\_\_ Sub \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Date Town Assessor or Designee

Original shall be forwarded to the Rockingham County Registry of Deeds for recording upon approval. The recorded merger will be forwarded to the owner of record, Assessor's Office, and Planning Board Office.